

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90023 032 ****61.25

0078692

DOCUMENT # N44810

1. Corporation Name

NORTH OKALOOSA COUNTY CHAPTER #4675 OF AMERICAN
ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business

198 SOUTH WILSON ST
CRESTVIEW FL 32536
US

Mailing Address

198 S WILSON ST
CRESTVIEW FL 32536
US



2. Principal Place of Business

2a. Mailing Address

21 198 SOUTH WILSON STREET 26 198 SOUTH WILSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CRESTVIEW, FLORIDA

28 CRESTVIEW, FLORIDA

Zip

Country

Zip

Country

24 32536

25 OKALOOSA

29 32536

30 OKALOOSA

3. Date Incorporated or Qualified

08/19/1991

4. FEI Number

52-1702055

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANCH, JOHN M
540 RED BIRD LANE
HOLT FL 32564

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

John M Branch

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BRANCH, JOHN M
STREET ADDRESS 540 RED BIRD LANE
CITY-ST-ZIP HOLT FL 32564

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~PD~~ ☒ DELETE
NAME BRANCH, BETTY
STREET ADDRESS 540 RED BIRD LANE
CITY-ST-ZIP HOLT FL 32564

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME V D LEE FLEISCHER
2.3 STREET ADDRESS 607 MOSS DRIVE
2.4 CITY-ST-ZIP CRESTVIEW, FL. 32536

TITLE ~~PD~~ ☒ DELETE
NAME HILL, BETTY
STREET ADDRESS 5224 GALLIVER CUT OFF
CITY-ST-ZIP BAKER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME T D
3.3 STREET ADDRESS ROSANA CASULA
3.4 CITY-ST-ZIP 333 JOHN KING RD.
CRESTVIEW, FL. 32539

TITLE ~~PD~~ ☒ DELETE
NAME TRUMBULL, BARBARA
STREET ADDRESS 1714 PICKENS CIR
CITY-ST-ZIP BAKER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME P D
4.3 STREET ADDRESS DONNA HANCOCK
4.4 CITY-ST-ZIP 613 E. ESNY AV.
CRESTVIEW, FL. 32539

TITLE PD ☐ DELETE
NAME SIMMONS, LOETTA
STREET ADDRESS 108 TYNER DR
CITY-ST-ZIP CRESTVIEW FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~PD~~ ☒ DELETE
NAME FLEISCHER, LEE
STREET ADDRESS 607 MOSS DR
CITY-ST-ZIP CRESTVIEW FL 32536

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME S D
6.3 STREET ADDRESS ROSEMARY ARMENTROUT
6.4 CITY-ST-ZIP 941 VALLEY RD.
CRESTVIEW, FL. 32539

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE

John M Branch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99

CR2E037 (11/98)